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CONFIRMATION NO. 9360

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/804,981	<b>FILING OR 371(c) DATE</b> 03/13/2001 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2615	<b>ATTORNEY DOCKET NO.</b> 2506.2020-001
<b>APPLICANTS</b> 217 6/16/06 → Derek D. Mahoney, Manalapan, NJ; John M. Margicin, Langhorne, PA; Frederick J. Fritz, Skillman, NJ; Walter P. Sjursen, Washington Crossing, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/188,736 03/13/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/21/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 44
Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 21005				
<b>TITLE</b> FLEXIBLE HEARING AID TIP WITH AN INTEGRAL RECEIVER				
<b>FILING FEE RECEIVED</b> 1732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	